

Bureau of Alcoholic Beverages

Division of Liquor Licensing & Enforcement

164 State House Station Augusta, ME 04330-0164

Tel: (207) 624-7220 Fax: (207) 387-3424

ON PREMISE TRANSFER APPLICATION

The undersigned, who is the holder on an On Premise Liquor License under the provisions of Title 28-A MRSA Section 605 hereby respectfully requests that said license be transferred from his present location:

Contact Person:		treet Address	
City/Town City/Town Cas the premises for which the transfer is requested been licensed by the Department of Human Services? Yes D No D How many feet to the nearest school, school dormitory, church, chapel or parish house? Which of the above is nearest? Permanent License #:	ГО:		
City/Town Has the premises for which the transfer is requested been licensed by the Department of Human Services? Yes D No D How many feet to the nearest school, school dormitory, church, chapel or parish house? Which of the above is nearest? Permanent License #:	s	treet Address	
City/Town Has the premises for which the transfer is requested been licensed by the Department of Human Services? Yes D No D How many feet to the nearest school, school dormitory, church, chapel or parish house? Which of the above is nearest? Permanent License #:	Both premises being within the same municipality of:		
Has the premises for which the transfer is requested been licensed by the Department of Human Services? Yes D No D How many feet to the nearest school, school dormitory, church, chapel or parish house? Which of the above is nearest? Permanent License #:			
Has the premises for which the transfer is requested been licensed by the Department of Human Services? Yes D No D How many feet to the nearest school, school dormitory, church, chapel or parish house? Which of the above is nearest? Permanent License #:		City/Town	
Which of the above is nearest? Permanent License #:		•	Human Services?
Name of Business: Contact Person: Telephone Number: Dated at: City/Town, State Signature of Individual(s), or Duly Authorized Officer(s) of Corporation, or if Partnership, by Members of Partnership STATE OF MAINE Dated at: City/Town City/Town County On: County Commissioners of the		· · · · · · -	
Telephone Number:	Permanent License #:	Expiration Date:	
City/Town, State Signature of Individual(s), or Duly Authorized Officer(s) of Corporation, or if Partnership, by Members of Partnership STATE OF MAINE Dated at: City /Town City /Town County The undersigned being: Municipal Officers City /Town County Commissioners of the	Name of Business:		
Dated at:	Contact Person:	Requested Transfer Date:	
City/Town, State Signature of Individual(s), or Duly Authorized Officer(s) of Corporation, or if Partnership, by Members of Partnership STATE OF MAINE Dated at: City /Town City /Town County The undersigned being: Municipal Officers City /Town County Commissioners of the	Telephone Number:	FAX Number:	
Signature of Individual(s), or Duly Authorized Officer(s) of Corporation, or if Partnership, by Members of Partnership STATE OF MAINE Dated at:, Maine	Dated at:	On	, 20
STATE OF MAINE Dated at:, Maines City /Town On: The undersigned being: Municipal Officers D County Commissioners D of the	City/Town, State	I	Date
Dated at:, Maines City /Town County On: The undersigned being: Municipal Officers □ County Commissioners □ of the	Corporation, or if Partnership, by Members of Partner	ship	
City /Town County On: The undersigned being: Municipal Officers D County Commissioners D of the	9.11		SS
The undersigned being: Municipal Officers D County Commissioners D of the	City /Town	County	
		_	
City D Town D Unincorporated Place D of:	The undersigned being: Municipal Officers D	County Commissioner	s D of the
	City D Town D Unincorporated Place	D of:	